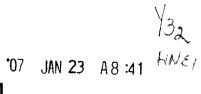


HAWAII STATE ETHICS COMMISSION

1001 BISHOP STREET, PACIFIC TOWER 970 P.O. BOX 616, HONOLULU, HAWAII 96809

TEL.: 587-0460 FAX: 587-0470



LOBBYIST REGISTRATION FORM

(See back of this form for instructions)					
	(Type or Print Clearly)		SIAILO	PIALL OF HAWAII ETHICS COMMISSIDE	
PARTI LOBBYIST			SIAIC CINIC	o cumpissiu:	
NAME (Last)	(First)	(Middle)		TELEPHONE	
	•				
YAMAMOTO, MAILING ADDRESS	ALAN (Street)	T. (City)	(State)	(Zip Code)	
	(Oli Oct)				
P.O. Box 730	ION (Fill in only if you are employed by	Honolulu	HI retained to Johby)	96808-0730 TELEPHONE	
LIVIFEO FING ONGANIZAT	1014 (Fill in only if you are employed by	y a business entity which has been	retained to lobby)	TELEPHONE	
MAILING ADDDECC	(Chronk)	(Oit A	(04-4-)	/7:- O- d-)	
MAILING ADDRESS	(Street)	(City)	(State)	(Zip Code)	
PART II ORGANIZATIO	ON.				
	YOU LOBBY FOR (Do not abbre	viate)		TELEPHONE	
	·	,			
HAWAIIAN ELECTRIC MAILING ADDRESS	(Street)	(City)	(State)	(Zip Code)	
	(3.133.)				
P.O. Box 730	ONSIBLE FOR PREPARING ORG	Honolulu	HI	96808-0730	
		ANIZATION'S EXPENDITURE	S STATEMENT	TELEPHONE	
Debra M.K. Oyadomor				532-5861	
MAILING ADDRESS	(Street)	(City)	(State)	(Zip Code)	
P.O. Box 730		Honolulu	HI	96808-0730	
PART III DESCRIPTIO	N OF SUBJECTS UPON WHIC	Y VOIL EVECT TO LORE	>V		
				ao Tachnalam. 9	
Agriculture	Education	Human Services		ce Technology & omic Development	
Communications & Public Utilities	Government Operations & Finance	Intergovernmental Relatio			
Consumer Protection & Commerce	Hawaiian Affairs	Labor & Employment	Transportation		
Culture, Arts, Historic Preservation	Health	Planning, Land & Water Use Management	Other	: (indicate below)	
Ecology, Energy, Environmental Protection	Housing	Public Safety & Correction	ns		
PART IV CERTIFICATI	ON OF LOBBYIST				
I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.					
(M. 1)		·	, ,	•	
Man! U	amam eld		1/5/07	7	
0 1190	(Signature of Lobbyist)		(Da	ate)	
PART V AUTHORIZATI NAME	ON TO LOBBY	TITLE OF AUTHODIZING	OFFICER OF DE	DOON DEDDESCRITED	
		TITLE OF AUTHORIZING	OFFICER OR PE	HOON HEPHESENTED	
Patricia Wong NAME OF ORGANIZATION	1 (16	Secretary			
	, ,,			TELEPHONE	
lawaiian Electric Indus					
MAILING ADDRESS (Street)	(City)	(State)	(Zip Code)	
P.O. Box 730		Honolulu	HI	96808-0730	
I hereby authorize the above-named person to engage in lobbying activities on behalf of the undersigned.					
Mod					
(Signature of Authorized Officer or Person Represented) (Date)				ite)	